

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FO1000004297**

1. Corporation Name

ACOLADIA (FLORIDA) LTD. INC

2. Principal Office Address

5728 MAJOR BLVD

Suite, Apt. #, etc.

STE 505

City & State

ORLANDO FL

Zip

32819

Country

3. Mailing Office Address

5728 MAJOR BLVD

Suite, Apt. #, etc.

STE 505

City & State

ORLANDO FL

Zip

32819

Country

400008801594

11/05/02--01028--025 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 14 2001

5. FEI Number

52-2334754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

REINSTATEMENT *01-02*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN **James A. Bordonaro**

Date

10-24-02

Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LAXTON, SIMON C	WILSON COTTAGE SLADDS LANE, MAJEX LITTLE CHANTERLUE	PETERSBURGH FEB 9ND
D	STEWART, ALANTJ	SMALLS HILL ROAD	NEWWOOD HILL, SUREY
SD	HALMSEY, DANOM	6 CASTLEBAR ROAD EALING	LONDON W5 2DP
D	BOWDEN-DOYLE, CLARE W	FRIARS LODGE, FRIARS WANE RICHMOND	SUREY TW9 1NL
D	BLICK, PAUL C	23 VALE COURT MALLOD STREET	LONDON SW3 6AL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. HALMSEY

Date

22/10/02

Daytime Phone #